UCSF

u.c. medical center news

published by the u.c. hospitals auxiliary

Volume 2, Number 6 | San Francisco, California | May - June 1969

New health careers beckon

IN LESS *than 10 years, the "health industry" will be the country's Number One industry. And in less than 10 years, 1.5 million more health workers will be needed. Despite these alarming statistics, there is a serious shortage of students preparing to enter the allied health professions. Yet, opportunities are expanding at a fast clip. One example is the new School of Radiologic Technology at UC San Francisco Medical Center. The first class was graduated in June. There was a job waiting for every graduate. A few have joined the staff of UC Hospitals. The next two-year course, which has already been filled, opens in July under the direction of Mrs. Ellen Newton, who puts the focus in the program on classwork-plus-experience. Students work under supervision with patients themselves, learn to operate complex equipment, study physics and anatomy and apply what they absorb in the classroom to their practical assignments in the clinic. Applicants for the course must be high school graduates who have completed a college preparatory curriculum. A $75 a month stipend will be paid first-year students and a $150 a month stipend second-year students. At the end of the course, students take the American Registry examination and are graduated as Registered Technicians. Here's one answer to the challenge of tomorrow.*

(Story – pages 4-5)

'WE DO OUR SHARE'

In a year, 80 kidney transplants

In the last 10 years, more than 2000 kidney transplants have been performed in the world.

In just over one year — 1968 — surgeons at UC Medical Center in San Francisco performed 80 of the 360 kidney transplants in the United States.

Head of the kidney transplant program is Dr. Samuel Kountz, who himself has performed more than 145 kidney transplants. He says of the program at UC Medical Center:

"We do our share. In fact, I wonder if our philosophy should be to render this community service to the extent we do, since the number of transplants far exceeds our needs for teaching and research. Two operations a month would do that job."

Even half a dozen years ago, the idea of performing 80 kidney transplants in a single year would have been considered outrageous. Says the physician:

"When I started doing kidney transplants in 1963, it was hard to get referrals from physicians, because the mortality rate was high in transplants. But as techniques were perfected, referrals came easier."

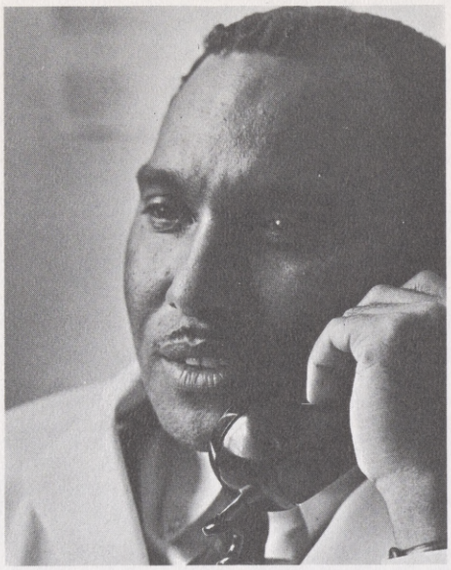
The mortality rate today in kidney transplant surgery is less than 5 percent. At UC Medical Center, there are usually more than 80 patients on a list for transplants.

Despite amazing strides in transplant surgery, Dr. Kountz is cautious in estimates of its success.

"I probably will not live to see complete success of transplants," he predicts. "Complete success is to demonstrate that a child transplanted at age 1 can live to 70 and show no rejection symptoms.

"If 80 percent of our patients survive for 10 to 20 years now, I would consider that partial success."

Surgery, says Dr. Kountz, is important in transplant "but it is probably the least of the requirements for successful transplant."



Dr. Samuel Kountz
Progress in transplants

"It is not surgery but the preoperative and post-operative investigations, such as tissue typing, that are important," he says. "One of the major problems with most heart transplants is that donor hearts are not related to patients as are many kidneys, so tissue typing is especially important."

Unlike kidney transplant patients, heart patients can't be kept on dialysis while waiting for a donor organ. If a heart recipient could be maintained for three months, it would allow time for testing and tissue typing. "But there aren't enough donor hearts," Dr. Kountz points out. "I don't think there ever will be."

He regards transplant of animal organs into humans as the most likely long-range solution to the problem. Once the rejection question is solved and animal tissues can be controlled from the animal's conception, the heart of a pig, for instance, could be transplanted into a human without producing rejection symptoms in the recipient.

The definition of any transplant's success today depends on the doctor's criteria. Dr. Kountz believes "you will have to look back in 5 or 10 years to determine validity of today's criteria."

As far as kidney donors are concerned, there is little problem. Studies show that people live as long with one kidney as with two, Dr. Kountz reveals. "Nobody I know of in kidney transplants has lost a donor, but it is probably inevitable that one will be lost someday. The stakes are high. Still, the risk is no more than driving 12,000 miles a year in your automobile."

Transplants do offer hope. Of that he is sure. "I knew that when one of my kidney transplant patients came in five years after the operation and asked if she could get pregnant. She and many other transplant patients have produced normal children."

Dr. Kountz, who came to UC from a similar post at Stanford, is firmly convinced that "no one at present should be doing transplants without a laboratory background."

"What we do is take the transplant experience from the lab and try it on man. The moral problem is that a life might be sacrificed. In heart transplants, the patients were doomed to die in any case," he points out.

"Five years ago, you'd tell a patient nothing if you knew his kidneys or his heart were beyond help," the physician adds. "Now, you would tell him what the problem was because with a transplant you could offer an alternative — and some kind of hope."

Kidney transplant van

As a "thank you" to surgeons at UC Medical Center, 126 kidney transplant patients have presented a specially designed van to the organ transplant service headed by Dr. Samuel Kountz.

The van contains an organ preservation machine developed by UC's Dr. F. O. Belzer. It will be used to transport "live" kidneys from donors in one hospital to recipients in another.

Among the 126 former patients, now recovered and leading normal lives, are 17 children. The youngest is aged 2½ years. ◄

New 'zoo' cheers up youngsters

A whimsical zoo starring looney lions, smiling tigers and ebullient elephants is brightening the scene and the lives of small patients these days in Moffitt Hospital emergency section.

The "small hero" badges were designed by the Junior Doctors' Wives and are presented to young patients who might need a morale boost when they find themselves in big, bustling UC Hospitals.

Of the 250 badges in the initial presentation, only a few remain. "They go like hotcakes. We could use many more like them," says head nurse Gloria Atwood.

Another splash of color and charm in emergency are Marilynn O'Hare's oil paintings. The artist, who has exhibited at UC Hospitals, donated several pieces of her work to hang in Moffitt. ◄

Volunteer Signe Peterson helps Michelle Atwood select her badge from colorful 'zoo.'

'thank you'

Public and private school students often tour UC Medical Center. All say "thank you" when they leave. No class had ever written "thank you" until a teacher from John Muir Annex sent the following to Sue Carlisle, co-ordinator of volunteers:

"Our tour was a tremendous success. Mrs. Youhn (volunteer Elizabeth Youhn) is magnificent, your hospital fascinating and the staff we met most gracious and interested in why we were there.

"The children were much less restless than we had anticipated. They are so full of questions and observations. As with most young people, all you really have to do is introduce an idea and they're off and learning.

"Thank you for the kits. One of my slower readers sat down in the middle of Golden Gate playground to read it – that is the greatest compliment I can think to pay!

"We would like to come back next fall and see more.

Sincerely,
Alice Lucas"

Langley Porter will explore depression and suicide risk

About 75 to 80 percent of suicides – and there were 22,000 known suicides last year in the United States – are the result of depression.

A grant of $400,000 has been given to Langley Porter Neuropsychiatric Institute for a study of depressive states and suicide prevention. Dr. Jerome Motto is directing the study.

Source of funding is the National Institute of Mental Health's Center for Study of Suicide Prevention.

In San Francisco, the suicide rate per 100,000 people is three times that for the nation. Dr. Motto points out:

"It is often those who have a tendency to hide their feelings who are most vulnerable. This is particularly true of persons who have difficulty recognizing rage. This unrecognized rage may take the form of depression and withdrawal, thereby intensifying feelings of isolation."

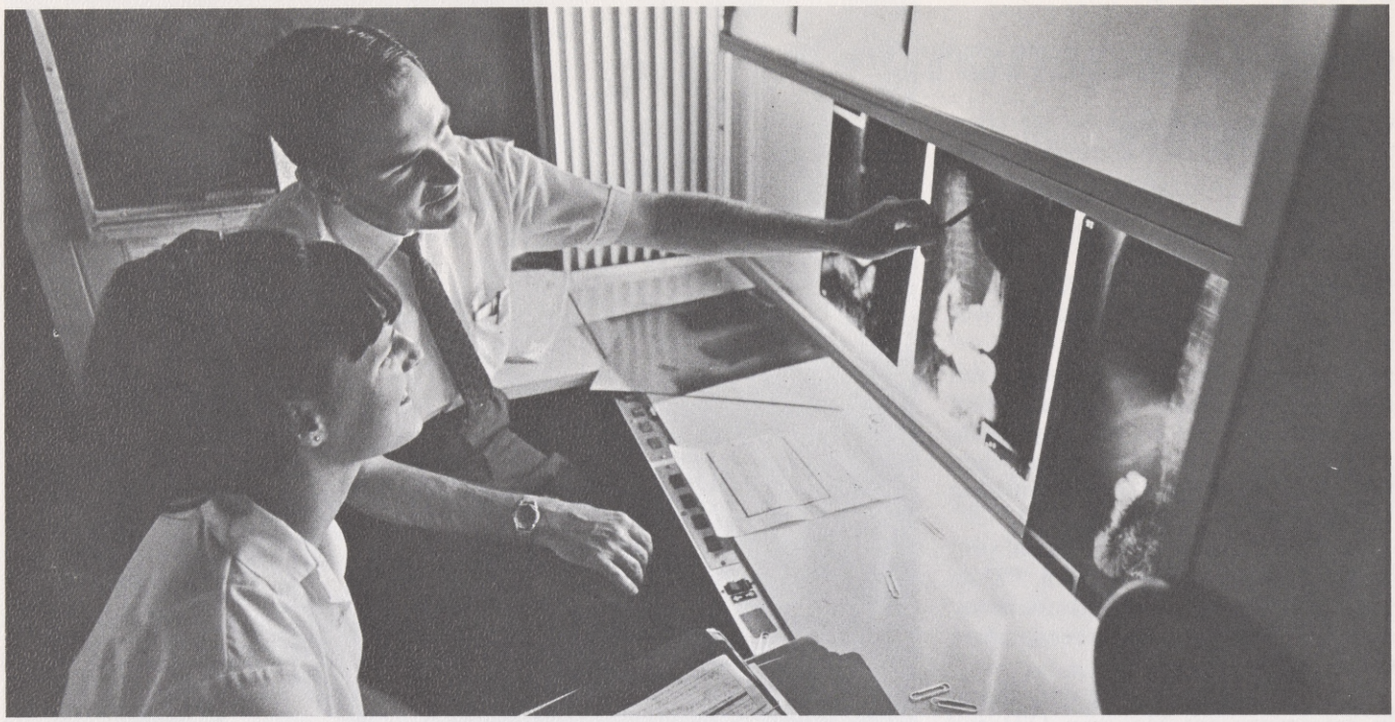
Many factors lead to suicide, says Dr. Motto, but behind most of them is one basic problem: interpersonal relations. For the younger generation, he feels, it is even more complex "because they have grown up in a society which daily confronts them with an unrealistic value system."

Dr. Motto believes this helps explain the soaring rate of suicidal behavior among young people of college age. Next to accidents, suicide is the commonest cause of death in this group.

The five-year suicide study project will involve community mental health centers already established at San Francisco General Hospital, Mt. Zion Hospital and Medical Center, St. Mary's Hospital, Pacific Medical Center and LPNI.

Ultimate goals of the study are to improve early assessment of a suicidal risk and to develop an effective suicide prevention program. ◄

MORE ON HEALTH CAREERS



Reviewing films with Dr. Cornelius is part of student Debbie Medeiros' training in UC School of Radiologic Technology.

Technician Nat Rutherford instructs Debbie Medeiros in the technique of placing a tiny baby in the Piggostat, infant immobilizer, which holds child erect during taking of X-rays. Students attend lectures, also get working experience like this.

(continued from first page)

An x-ray film that once required an hour to develop can now be completely processed in 90 seconds.

There are radiographs that can be magnified to larger-than-life size, and there are x-rays that can illustrate a tiny segment of body section as thin as a millimeter.

There are automatic injectors programmed to an examination's needs that can inject 20 cubic centimenters of contrast material into a patient in seconds or slowly over a period of 1½ hours.

In short, radiologic technology is advancing – and at a breathtaking pace. The demand for young people skilled in this field is enormous and still expanding.

The first class in the new School of Radiologic Technology at UC San Francisco Medical Center has just graduated. The director is Ellen Newton, an articulate and attractive young woman who sees "fields within fields" opening up in radiologic technology.

"There are x-ray technicians working on research projects and working more closely with patients these days," says Mrs. Newton, herself a graduate

of Milwaukee County Hospital's training program in Wisconsin.

She believes it is a combination of study and experience that produces a first-rate technician. The absence of either factor can lead to a bad educational gap.

"Henry" helps fill the gap at UC Medical Center. Henry is the 168-pound mannequin that substitutes for patients in early phases of the training program. He is used by students who are practicing proper positioning of patients and who are using the complex pieces of equipment needed for examining chest, gastrointestinal tract, skull and other areas of the body.

Mrs. Newton's classroom lectures focus on medical terminology, anatomy and physiology, physics, therapy, radium and isotopes, darkroom procedures and record keeping.

In addition to attending lectures, students rotate for practical work experience from darkroom to file room, assist technicians and perform supervised examinations.

Lectures plus work experience add up to 40 hours a week during the two-year course. After the first three months, students are assigned to work weekends with technicians. Senior students frequently take "call" for emergency procedures on the midnight shift. This training is essential. Says Mrs. Newton:

"Good equipment and a big hospital background are most likely to provide the rounded education and experience a technologist needs."

As research in x-ray technology progresses, equipment and demands on the technologist become more exacting and complex. For instance, with films running at 12 per second, a technician must be prepared to coordinate a machine to produce either simultaneous pictures or pictures in sequence. Different tests require different procedures, Mrs. Newton points out.

"It's a precise art nowadays. You don't guess about exposures. The speed at which films can be developed permits patients to be checked out during one clinic visit. It takes about 20 minutes to photograph, develop and check with radiologists," Mrs. Newton explains.

One development in technology intrigues the patients themselves – a closed circuit TV system that lets them watch what they drink (for an examination) travel its route through, say, the gastrointestinal tract.

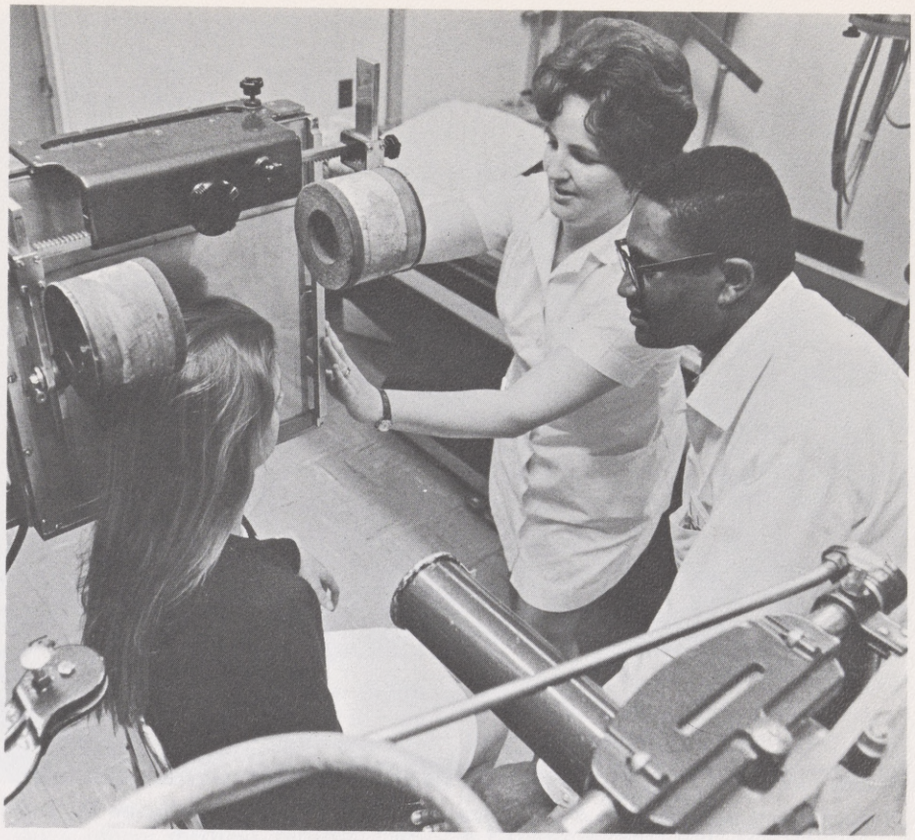
"Patients always ask 'Can I watch myself on TV?' " Mrs. Newton says.

Students in the school enjoy working closely with patients and often get to know them well. It is important to be able to work closely with patients. Mrs. Newton believes this is a basic requirement for satisfactory performance in this technological field.

Ages in the first group ranged from 18 to 24. All students in the June class were women, but men have enrolled in the upcoming course.

Increased salaries and the growing potential in the field are attracting more men all the time, the director says. Salaries now range from $625 to $764 a month to start, up to $884 a month for an experienced technologist.

Information about the School of Radiologic Technology is available from Mrs. Ellen Newton, 356-A, Moffitt Hospital, UC Medical Center, San Francisco 94122. ◄



Working with the Franklin Head Unit are technician William Devers and student Margie Klein. Students learn proper positioning of patients with the equipment.

Director Ellen Newton lectures to students of radiologic technology on anatomy. Her instruction also covers physics, therapy, radium and isotopes, darkroom.

Discussing first year progress of Physicians-in-Residence pilot program are Dr. Seymour Farber, left, and Dr. L. Don Kimbrough.

Physicans-in-Residence program

How to harvest the full benefit of medical research is a problem that vexes every physician. And it is a continuing problem, if these figures are any indication:

In greater metropolitan areas, the number of physicians available to treat patients is 173 per 100,000 population; in isolated rural areas, the number has declined to less than 50.

In medicine alone, according to a recent scientific publication, there are more than 6000 periodicals annually publishing approximately 250,000 articles in 40 languages. And the rate of growth continues, doubling every 12 years.

Says Dr. Seymour Farber, dean of educational services, director of Continuing Education in Health Sciences and clinical professor of medicine at UC Medical Center:

"Small wonder that doctors feel the legitimate need to refurbish themselves, to meet with colleagues at major medical centers and to augment their knowledge and skills."

Dr. Farber's comment is from his recent report on the first year of Physicians - in - Residence demonstration project in Continuing Education. Funds for the project came from Division of Physician Manpower, National Institutes of Health, and its goal is to try to assist in establishing centers of continuing education in local communities, since busy doctors cannot always attend courses at distant medical centers.

On Dr. Farber's staff for the unique project are Dr. Roger Wilson, associate director; Dr. L. Don Kimbrough, project director; Dr. Rodney Prestwood; Ginny Finley.

Dr. Wilson fixes the project's aims as "seeing how doctors could be helped to do what they wanted to do most – practice good medicine."

The program, which got under way in March, 1968, differs from what Dr. Farber calls "traditional circuit courses" in that its primary emphasis is not on patients as such.

"We hoped to show physicians some ways in which continuing education programs could be organized and used by them to improve local patient care," Dr. Farber explains.

Taking part in Physicians-in-Residence were 14 communities, ranging in population from 5,000 to 400,000 and in distance from San Francisco, 80 to 300 miles. Local hospitals were focal points for the project.

So far, 40 Physicians in Residence from UC Medical Center have visited the co-operating communities. On the average, each participating hospital had three separate, two-to-three-day sessions every three or four months. As many as four different specialists visited the same town – often at the request of the medical community.

Subjects covered a wide range. Among them were pediatrics, respiratory and metabolic disorders, community psychiatric problems, general and specialized surgery, neurology, urology, gynecology, control of infectious diseases.

It is estimated that 3500 individual physicians have attended sessions to date, in addition to several thousand members of allied health professions.

Besides having influenced specific health care procedures and improved relationships within local medical communities, the Physicians-in-Residence program has had benefits for the university, too, Dr. Farber believes.

Dr. Kimbrough agrees "one of the interesting things that's come out of this is the changing attitude of professionals from the Medical Center here about teaching."

A professor of surgery calls his experience an "eye opener" and reported that it would affect his "manner of presenting material to interns, residences and fourth year medical school students." ◄

Mrs. Sooy heads auxiliary

Newly elected president of UC Hospitals Auxiliary is Mrs. Francis Sooy, who has been serving on the board of directors of the auxiliary and is only the second woman to be president in the organization's history.

Betty Sooy succeeds attorney Richard Ham in the top post. He will continue to serve on the auxiliary board.

Mrs. Sooy, herself a talented painter, helped organize the successful series of art exhibits which were launched for the first time in UC Hospitals last year. They are now a regular part of the hospital scene.

Other officers who will serve for the coming year are Mrs. Theodore Meyer, executive vice president; Arthur Towne, vice president; Mrs. Ralph Audy, secretary; John Hooper, treasurer.

The nominating committee presented the new slate of officers for 1969-70 at the recent annual meeting of the UC Hospitals Auxiliary held at UC Medical Center.

A special feature of the annual meeting was the presentation of the summary on volunteer services at UC Hospitals during 1968-69. According to Sue Carlisle, coordinator of volunteers, an average of 231 volunteers per month contributed to the total of 26,438 hours of service in the past 12 months.

What keeps volunteers busy? Here are some of the areas served regularly in the UC Hospitals: Admissions, central sterile supply, clinics, emergency hostesses, flower service and gift shop, nuclear medicine and radiology, patient library and patient visiting, pediatric floor duty and pediatric play room and clerical assistance in the Chaplain's office, medical records, administration, personnel, social service and volunteer office.

And there are off-the-regular-beat duties that volunteers cheerfully assume. Last year, they handled patient absentee balloting during the election, for instance. And they acted as interpreters for the staff with non-English speaking patients. They provided toys at Christmas and arts and crafts materials for playrooms. They dressed dolls for pediatrics, kept record players for pediatrics in repair and even kept uniforms mended and buttons sewn on.

With all these assignments, new ideas crop up for volunteer service. What's ahead for the coming year?

- Organizing and staffing hostess service on the pediatric floor to give encouragement and support to parents admitting a child or waiting during surgery.
- Exploring with staff possibilities for volunteers to do follow-ups on clinic patients in the patients' own homes. ◄

Consortium plans regular conferences beginning in fall

Regular conferences of the Consortium — an association representing five San Francisco institutions of higher learning, including UC Medical Center — are scheduled for the first time next fall.

This announcement was made at the recent dinner meeting of the Consortium board of directors and members of campus committees. Dr. Malcolm Watts, Consortium board chairman and special assistant to UC Medical Center Chancellor Philip Lee, represented the medical center.

The Consortium was organized to foster investigation of urban problems and to develop action projects directed toward their solution. Among fields expected to be involved in the goals are urban design, environmental health, manpower training adult education, neighborhood cultural enrichment, intergroup relations and public administration. ◄

Dr. Mary Olney is honored as 'Alumnus of the Year'

Dr. Mary Olney, originator of the first summer camp for diabetic children in the West 31 years ago, has been named "Alumnus of the Year" by colleagues at UC Medical Center.

A clinical professor of pediatrics here, Dr. Olney has participated in community services as a member of Family and Children's Council for Emotionally Disturbed Children, Telegraph Hill Committee, East Bay Foundation for Diabetic Children and SF Health Council.

Dr. Olney is also executive director of the Diabetic Youth Foundation in San Francisco and a consultant to Oak Knoll Naval Hospital in Oakland.

The "Alumnus" award was presented at the annual Alumni Day Celebration of the School of Medicine at which Dr. Charles J. Tupper, dean of the School of Medicine at UC Davis, was the speaker.

Dr. Mary Olney

Annual medical alumni banquet this year honoring the class of 1969 was held at the Hilton Hotel. ◄

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New project aids handicapped deaf children at center

Expanded services for treatment and study of multiple-handicapped deaf children has been made possible at UC Medical Center through a gift of $1,000 from California chapter of International Order of Job's Daughters.

Co-ordinator of the project is Dr. Richard Flower, associate professor of otolaryngology at UC. He says:

"Major causes of non-inherited deafness in children 20 years ago were infections that destroyed the hearing nerve. Today, the deaf child is likely to have other handicaps. Ironically, this is due in part to medical advances.

"For instance, almost all babies with RH disease can now be saved. But they may be born with or acquire in early life defects of hearing, sight and motor function."

The two-year project at UC will be a joint effort involving hearing and speech experts, pediatricians, neurologists, psychologists and social workers to improve patient care. ◄

Training is scheduled for teen-age volunteers

Last summer, 70 teen-age volunteers were interviewed, oriented, trained and assigned to duties in UC Hospitals.

And more than half this number proudly received award pins at the annual Recognition Tea in October for 50 and 100 hours of volunteer service.

What's ahead this summer? As many, or more, young people who will add to the volunteer-power at UC Hospitals. That's the hope of Sue Carlisle, co-ordinator of volunteers.

Young men and women (in 1968 there were eight men volunteers) willing to put in regular hours every week, or several days a week, receive special orientation and training for their summertime service.

Unique at UC Hospitals is the system of not only giving young people comprehensive tours of the hospitals, along with a film and introductions to key personnel, but an intensive education about the role of nursing units with nursing instructors presiding.

Young people have buzz sessions with nurses, are keyed into techniques of meeting patients and performing such tasks as feeding eye patients, helping patients into wheelchairs, arranging their floral gifts, reading to them and running errands.

Orientation and training this year were being scheduled for June 23 through June 25. Young people interested in volunteering may call Mrs. Carlisle, 666-1196, for an interview appointment. ◄

BOOKS FOR TOTS

One-time UC Hospitals volunteer Roy Blydenstein thought he'd "outgrown" them and knew where his set of children's encyclopedias would elicit a warm response. He was right. The public school teacher assigned to UC Hospitals is delighted, and so are her small charges. The children's encyclopedias have found a new home. ◄

COLOR ART